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WEST SUFFOLK COUNTY COUNCIL

ANNUAL REPORT

of the

Principal School Medical Officer

for the

YEAR 1953

D. A. McCRACKEN, M.D., D.P.H,
Principal School Medical Officer

Westgate House,

Bury St. Edmunds.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting for your consideration the Annual Report on the work of the School Health Service for the year ended 31st December, 1953.

The routine medical inspections were completed satisfactorily. The total number of inspections made were 8,859 as compared with 8,617 in 1952. The part-time employment of two Dental Surgeons is reflected in a slight betterment of the Dental Service. The number of pupils inspected increased by 800, the number treated by 253 and the number who were given general anaesthetics by the School Medical Officers by 60 as compared with 1952. The provision of X-ray apparatus at Bury St. Edmunds Clinic has further improved the Service, but there is still a long way to go since the full establishment of Dental Officers is five compared with the equivalent of two at present employed.

I gratefully acknowledge the support and keen interest taken in the work of the Department by the Chairman and Members of the School Welfare Sub-Committee, and thank the Chief Education Officer and the County Architect for their co-operation and assistance. The willing help of the Head Teachers throughout the County rendered to the Department, is also gratefully acknowledged, together with the excellent work of my medical, dental and lay staffs.

I have the honour to be,

Your obedient servant,

DAVID ANDREW McCRACKEN,

Principal School Medical Officer.

18*th July*, 1954.

STAFF OF THE SCHOOL HEALTH SERVICE.

Principal School Medical Officer	David Andrew McCracken, M.D., D.P.H.
Deputy Principal School Medical Officer	Alison J. Rae, M.R.C.S., L.R.C.P., D.P.H.
School Medical Officers	T. A. H. Smith, M.B., Ch.B. G. P. Barclay, M.B., Ch.B., D.P.H. P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.
Speech Therapist	Miss Barbara M. Elton, L.C.S.T.
Principal School Dental Officer	S. H. Pollard, L.D.S.
Dental Officers	J. Dewar, L.D.S. (part-time). Miss Pauline T. Fuller, L.D.S. (part-time), (from 1–10–53).
Superintendent School Nurse/Health Visitor	Miss Marjorie P. Mullender, S.R.N., S.C.M., H.V.Cert.
School Nurses, etc.	One School Nurse, 14 School Nurse/Health Visitors (two part-time) and three Dental Attendants (one part-time)
Administrative Officer, Health Department	Miss Dorothy L. R. Kilner.
Senior Clerk for School Health Service	Miss Margaret J. Gosling.

GENERAL STATISTICS.

The County of West Suffolk has an area of 390,916 acres. The latest estimated population is 125,600. There are no county boroughs within the county.

The average number of children on the rolls of the schools during 1953 was 15,905 and the average attendance was 14,178.

At the end of 1953 there were 136 schools in the county, five being grammar secondary schools, eight modern secondary schools, 122 primary schools and one nursery school. Forty-six were county schools, 73 controlled voluntary schools, 14 aided voluntary schools and three voluntary schools. There are no day or residential special schools.

MEDICAL INSPECTION.

Routine medical inspections were carried out at all the schools, and from the beginning of the autumn term each school nurse was able to be present at inspections in her area.

The general condition of the children showed little change. It was noticeable that the great majority of those requiring treatment, were already receiving it through the National Health Service. The remainder were referred to their private doctors. A table giving the heights and weights of children aged five to 15 years appears on page 12.

One medical officer remarked that he had seen an improvement in the children's clothing and personal cleanliness in recent years.

Many reports were received from hospitals on children admitted to the wards or attending out-patient departments. These were much appreciated and proved very helpful to the doctors when seeing the children at subsequent school medical inspections.

There was an impression that routine medical inspections were more welcomed by parents and teachers than was once the case and, having regard to the rural nature of the county and the consequent difficulties of transport, the inspections at junior schools were well attended by parents. Some children temporarily absent on account of illness were brought to school for examination.

No minor ailment clinics were held but, where necessary, children were seen at the weekly clinics held in Bury St. Edmunds, or before or after infant welfare clinics. A list of all these clinics is set out below. Most of the children attended for immunisation against diphtheria, for examination regarding fitness for employment outside school hours or because they presented problems of behaviour or educational progress or were thought to need some modification of school routine.

Bury St. Edmunds	Lower Baxter Street Clinic	Saturday mornings
Hadleigh	Congregational Church Schoolroom	1st & 3rd Mondays in each month
Long Melford	Village Hall	1st Tuesday ,,
Newmarket	Fitzroy Street	1st & 3rd Tuesdays ,,
Bildeston	Chapel Schoolroom	1st Wednesday ,,
Wickhambrook	Women's Institute Hall	1st Thursday ,,
Elmswell	School Dining Hall	1st Thursday ,,
Sudbury	Youth Club Premises	1st & 3rd Thursdays ,,
Mildenhall	Bunbury Rooms	1st Friday ,,
Haverhill	Welfare Hall, Lordscroft Lane	1st & 3rd Fridays ,,
Lavenham	Guildhall	2nd Tuesday ,,
Clare	British Legion Hall	2nd Tuesday ,,
Boxford	Village Hall	2nd Wednesday ,,
Rickinghall	Village Hall	2nd Thursday ,,
Lakenheath	Peace Memorial Hall	2nd Thursday ,,
Great Waldingfield	Acton Aerodrome	2nd Friday ,,
Nayland	Congregational Church Room	3rd Wednesday ,,
Ixworth	Village Hall	3rd Thursday ,,
Rougham	Village Hall	3rd Friday ,,
Glemsford	Old School	4th Tuesday ,,
Walsham-le-Willows	Institute	4th Tuesday ,,
Brandon	Church Institute	4th Tuesday ,,
Bures	Women's Institute Hall	4th Friday ,,
Barrow	Reading Room	4th Friday ,,

HANDICAPPED PUPILS.

Blind and Partially Sighted Pupils.

There were no blind educable children in the county and only one partially sighted child in need of special education. A place was found for her at the East Anglian Schools for Blind and Deaf Children Gorleston-on-Sea, where she was admitted in January 1954. One boy whose vision was very poor even with glasses, was adequately provided for at the ordinary school.

Deaf and Partially Deaf Pupils.

At the end of the year seven deaf children (including an American boy who has since left the country) and two partially deaf children were attending special schools.

Four children wearing hearing aids attended ordinary schools where they appeared to be adequately provided for. Three of them received training, including lip reading, from the Speech Therapist.

Delicate Pupils.

Two children suffering from general debility were at the Ogilvie School of Recovery, Clacton-on-Sea, where one stayed for six months. The second was admitted in November 1953 and is still there at the time of writing. No other delicate children were in need of special education.

Educationally Subnormal Children.

Sixteen educationally subnormal children attended special schools, all being at the Royal Eastern Counties Special Schools at Colchester, Halstead and Girton. Two of these children have some degree of deafness but are considered adequately placed, especially in view of the shortage of special school places for children who are both educationally subnormal and deaf or partially deaf.

Of the three still needing places at the end of the year, two have since been admitted. The parents of the third child are unwilling for her to leave home, and the matter stands referred to the Minister of Education.

Two children approaching school-leaving age were reported to the Local Health Authority as being in need of supervision after leaving school, in accordance with Section 57 (5) of the Education Act, 1944.

Epileptic Pupils.

Thirty children were known to have a history of fits, but all except one were able to attend ordinary schools. The child needing residential education was found a place at Lingfield Epileptic Colony School and admitted there in January, 1954.

Maladjusted Pupils.

One maladjusted child in the care of the County Council was admitted to the Sheiling Curative School, Ringwood, in May. He was found unsuitable for this school, however, and has now been sent by the Children's Committee to a children's home outside the county. A place for a boy who had formerly attended a private school was found at Brickwall School, Northiam, and he was admitted there in January, 1954. No other children were considered to need special education as maladjusted pupils, but where necessary children continued to be referred to the Regional Hospital Board's Child Psychiatry Clinics at Bury St. Edmunds, Sudbury and Ipswich.

Physically Handicapped Pupils.

In January a child suffering from a heart defect was readmitted to the Ogilvie School of Recovery, Clacton-on-Sea, where he had spent eight months during 1952. Fifteen children received education at hospital schools outside the county and five West Suffolk children staying in hospital a month or longer were taught by the peripatetic teacher at Newmarket General Hospital.

Some twenty other children with handicaps, seven of them having varying degrees of spasticity, were able to attend ordinary schools, No places at special schools were required for severely physically handicapped children.

A 20-year-old youth continued to attend the Derwen Cripples' Training College at Oswestry where he was trained in tailoring under arrangements made by the Education Authority in 1949. He has since left to follow this trade.

Pupils Suffering from Speech Defects.

The following is a report received from the Speech Therapist :

"Clinics were held at Bury St. Edmunds, Brandon, Newmarket and Sudbury, and also at certain schools. Ninety-five children have received treatment during the year. A total of 32 were discharged. Roughly 70% of these showed a satisfactory result. Twenty-five new cases (excluding pre-school children) were taken on for regular treatment and eight others were under observation at the end of the year, whilst seven were still waiting to be seen. Three children from private schools were also receiving attention but are not included in the figures quoted.

Since October, 1948 a number of deaf or partially deaf children have come under my care, in some cases as a temporary expedient for those whose cases merited whole-time training in a school for the deaf, or as a long-term policy where deafness was less severe but serious enough to affect speech. Brief notes on a few of the children may help to throw light on certain of the educational and therapeutic problems involved.

Case 1—Boy seen in Colchester by Ear, Nose and Throat Specialist when 14 years old. It was said that he suffered from a congenital hearing defect. His audiograph showed that he had no hearing above 1000 c.p.s. He himself had noticed deafness during the previous three or four years. There was a family history of deafness. It was arranged for him to sit in front in class. He attended the Speech Clinic for eight months prior to leaving school. His speech had been deteriorating, it was lacking in inflection, tended to be slurred and certain high frequency sounds were mispronounced. His voice was loud. He showed aptitude for lip reading. A hearing aid was tried but found unhelpful, and disturbed the boy so much that he became less co-operative and did not continue to make good progress.

Case 2—Girl now 14 years old. Her own doctor queried deafness when she was seven. When she was nearly 11 she was diagnosed as 'partially' deaf although not sufficiently so to warrant special education. The audiograph revealed severe loss in middle frequencies but some slight improvement in hearing in the higher range. A hearing aid was advised. She had begun speech training just before the diagnosis was made and will continue to do so until she leaves school. Her speech has now become fluent ; most speech sounds are correctly articulated but slurring and elisions still take place. Her voice is typical of the partially deaf although considerably less nasal than it was. Logical training in language has been difficult and there are still odd faults in syntax. A period of training started earlier would have made much difference.

Case 3—Girl now 10 years old. Instruments used at birth. Speech began to develop when she was about $2\frac{1}{2}$ years old but was unintelligible when she went to school. She was seen by a specialist at $6\frac{1}{2}$ years when congenital bilateral nerve deafness was diagnosed. A hearing aid was prescribed and the child declared to be in need of special education. The audiograph presented a picture of decreasing hearing in the high frequencies but a much less grave loss in the medium range than was found in Case 2. She started speech therapy at six years of age. At this time her comprehension was very poor and her speech limited and faulty. She was given a hearing aid when she was nearly seven. As time passed she was found to make such satisfactory general progress that although her name was on the waiting list for admission to a special school for the partially deaf, it was deleted. The long period of speech and language training begun at a reasonable age, has been greatly rewarding. Her speech has become fluent and articulation improved to near normality. Much time has been spent in training in language, vocabulary and syntax, and in helping with reading problems. Her written English is now above the normal standard for her age. She reads well. Her confidence is much increased, although she still sometimes fears 'not understanding.' A further lip-reading course will be undertaken later.

Case 4—Boy aged 6 years. Undeveloped speech. Was seen in 1949 by a specialist, who thought that he was suffering from the effect of insufficient child companionship. In 1952 was thought to be deaf. In June 1953, he was seen at the Child Psychiatry Clinic where it was considered that he was probably inherently backward and had some degree of hearing loss. He was put on the waiting list for admission to a school for the deaf. In July 1953, he began to attend the Speech Clinic, since when his minute vocabulary of spoken words has increased some twenty times. His spontaneous speech has become less infrequent, although it was apparently never heard at the ordinary school. He has now been admitted to a special school. It is possible in this case that the contrast between the mother's accent (she being Belgian) and the father's Suffolk dialect, has further confused a handicapped and dull child. His degree of deafness is still under query.

Generally speaking, with congenitally deaf and partially deaf children, it is realised that the vital matter is 'language' and, in training, the emphasis is on understanding and vocabulary. Only when these have developed to a marked degree may the accent shift to clarity of speech. This is of secondary importance in the colossal undertaking of educating the deaf. For the gravely deaf nothing is more important than early diagnosis. The intelligent child is passing the peak age for language development between three and five years of age, and his early inclusion in a school for the deaf is of vital importance. Diagnosis is more difficult in the case of dull children ; happily their peak language development period is one or two years later, and delay is less damaging. The effect on speech depends upon the degree of deafness, and upon whether it extends in a marked way into the range which mostly affects the hearing of speech sounds ; for upon hearing acuity in the upper and middle ranges depends the correct imitation of consonants and, as these sounds are produced in speech at low intensity, they are the vital ranges as regards speech. The fundamental tone of the voice is normally produced at a comparatively high intensity, and thus far greater loss can be sustained in this range without a deleterious effect on speech. The age at which deafness develops is fundamental to the problem, for speech is seldom seriously affected in cases of acquired deafness. Also, where language has been fully developed, intellectual development is not in danger of being stunted. Here the effective hearing aid, the learning and practice of lip-reading, frank discussion of the possible effects on speech and voice of the particular type of deafness and how to militate against undesirable symptoms, together with assurance, are needed".

BARBARA M. ELTON,

Speech Therapist.

Children Educated at Home.

Two children thought by the Psychiatrist to be unfit to attend school, received tuition at home, one by a peripatetic teacher and the other by homework arranged by the headmaster. A child suffering from a heart defect also received education at home for a short period.

Ascertainment of Ineducable Children.

During 1953 eight children were seen by the School Medical Officers and reported to the Local Health Authority as ineducable in accordance with Section 57 (3) of the Education Act, 1944.

INFECTIOUS DISEASES.

Measles caused appreciable absence from school during the spring term. In the autumn term scarlet fever was unusually prevalent at one school, and frequent visits were paid there by the medical and nursing staff.

For the fifth year in succession no cases of diphtheria were notified.

Immunisation against Diphtheria.

Although parents are urged to have their children inoculated against diphtheria in infancy and given reinforcing doses when approaching school age, it is found that many children come into school insufficiently protected. Their parents are urged to consent to treatment, and this is given at school or at clinics. During the year 179 school children were given primary inoculations, and 1,120 reinforcing doses, by the school Medical Officers. Private practitioners are known to have given primary treatment to 26 children of school age and reinforcing doses to 197.

VERMINOUS CHILDREN.

The school nurses carried out 39,735 head inspections and 204 individual children (i.e. 1.4% of the average number in attendance) were found to be verminous. The proportion of children found to be infested is the smallest yet recorded, the previous low record being 1.9% in 1952.

EMPLOYMENT OF CHILDREN OUTSIDE SCHOOL HOURS.

One hundred and fifty-two children wishing to follow employment outside school hours (e.g. delivering newspapers, helping in shops, etc.) were medically examined in accordance with the requirements of the Children and Young Persons Act, 1933. All were considered fit to do such work under the conditions laid down by the West Suffolk County Council's Byelaws, without detriment to their education.

MEDICAL AND DENTAL EXAMINATION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL.

The Medical Officers saw all the children in the care of the West Suffolk County Council Children's Committee, and the Dental Officers saw all aged three years and over. The doctors also carried out special examinations when asked for by the Children's Officer, and a number of children boarded-out in this County by the East Suffolk County Council were examined on behalf of that Authority.

EXAMINATION OF ENTRANTS TO COURSES FOR TRAINING IN TEACHING AND THE TEACHING PROFESSION.

In accordance with Ministry of Education Circular 249, the School Medical Officers examined 38 entrants to teachers' training colleges and 11 entrants to the teaching profession. From early in the year arrangements were made for all college entrants to have chest X-ray examinations, the X-ray examination of teachers entering the profession for the first time being already compulsory.

SCHOOL DENTAL SERVICE.

REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER.

Staffing Position.

Although there is still a grave shortage of dental officers the position has been improved by the appointment of a part-time officer in October in the Newmarket area. The Authority now has the equivalent of just over two whole-time officers instead of the five which are considered necessary. Efforts continue to be made to recruit additional staff.

Accommodation.

Towards the end of the year arrangements were made with the Regional Hospital Board to hire the recently-installed dental surgery at Walnuttree Hospital, Sudbury. Although these premises are not ideal, the use of a properly equipped surgery with adequate lighting is of great advantage both to patients and operator.

A dental X-ray apparatus has been installed at the Bury St. Edmunds Clinic and the "recovery room" adapted for use as a dark room when needed. The fact that this essential aid to diagnosis is now readily available has already proved to be of very great value. This clinic has been further improved by the provision of an up-to-date dental unit.

The mobile dental clinic has been used by a part-time officer throughout the year. The wider availability of electricity in the rural areas means that the clinic could with advantage be adapted for mains operation and it is hoped that this can be carried out during 1954.

Dental Inspection and Treatment.

3,251 children received routine dental inspection and in addition there were 216 "casuals." This gives a total of 3,467, which is an increase of 34% over the figure for 1952. The number of children treated was 1,545, an increase of 20%, and the total number of operations performed increased by 40%.

The provision of orthodontic treatment is still limited by circumstances. Eight appliances were fitted and in addition 12 dentures were supplied.

Conclusion.

For the first time in five years it is possible to report an improvement in the school dental service. Although the general position is still most unsatisfactory, one is encouraged to view the future with more optimism in the belief that an improvement once started will continue with increasing momentum.

S. H. POLLARD,
Principal School Dental Officer.

PROVISION OF MEALS AND MILK IN SCHOOL.

I am indebted to the Chief Education Officer for the following report :

"For the financial year 1952–53 the Ministry agreed unit costs of 7.80d for food and 8.12d for overheads. As a result, however, of the Joint Industrial Council's award of increased wages to canteen staffs in December, 1952, and the substantial drop in the number of meals arising from the increase in the price of the meal to 9d. on 1st March, 1953, the actual expenditure on overheads for the year amounted to 8.16d. On appeal being made to the Ministry on these two grounds, they agreed to the permitted allowance for overheads being raised to 8.17d.

The increase in the price of the meal by 2d. on 1st March, 1953, had a very substantial effect on the number of meals served as the following figures show :—

Average number of meals served daily in four consecutive weeks in—

October, 1952		8,762
February, 1953		7,886
March, 1953		7,454
May, 1953		7,544
October, 1953		8,290

The normal seasonal fluctuation in the number of dinners partly accounts for the very small numbers in March and May, but it is certain that the immediate result was a drop of something over 10 per cent., and the numbers are only very slowly increasing again towards the maximum

which was attained in the Autumn Term, 1952.

For the year 1953–54 the Ministry has been asked for a unit cost of 8.75d. for food and 9.28d. for overheads. This latter figure has since had to be increased to 9.35d. owing to a further increase in wages of canteen staff. It is estimated that the number of meals to be served in maintained schools during the year will be 1,528,310, a figure which for the first time shows a drop on the previous year's figure, the actual number which was produced during 1952–53 being 1,677,289. The drop is partly due to a smaller number of school days in the year, and partly to the reduced number of children taking a meal for the reasons mentioned above.

During the year the Committee have agreed to supply meals from their Central Kitchens in Newmarket and Bury St. Edmunds to three Private Schools — Fairstead House and St. Louis Convent in Newmarket, and St. Louis Convent in Bury St. Edmunds. These meals are produced in the Kitchens concerned without the need for any additional staff, and are being supplied at a cost of 1/4 per meal to the Schools concerned. This figure is below the total of the unit costs mentioned above because the Committee do not have to provide facilities for serving the meal.

The canteen at Sedge Fen was closed in May owing to the very small number of children requiring a meal. The Canteen at Ousden School has also been closed, and a dining centre established there, the meals being served from Bury St. Edmunds Central Kitchen.

Since the partial opening of Beyton Secondary School in September the Canteen there, which is designed to serve 500 meals a day, has been serving approximately 200 meals. The Committee has agreed to the appointment of a Cook Supervisor for this canteen, but in spite of repeated advertisement over some six or seven months no suitable applicant has yet been found.

The difficulties in getting suitable applicants for vacancies on the supervisory staff are as great, if not greater than ever. It has also proved impossible to fill such a post in the Sudbury area, and as a temporary measure the Cook at the Central Kitchen has been appointed as Cook Supervisor for that Kitchen, which is serving approximately 400 meals a day. Changes have also taken place following the resignations of the Supervisors at the Newmarket and Bury Central Kitchens. In these cases, however, appointments were made after a short interval, the new Supervisor at the former taking up duties in May and at the latter in July."

Milk in Schools.

One third of a pint of milk continued to be supplied, free of charge, to children attending maintained schools on each school day throughout the year. The number of bottles of milk consumed on a day chosen at random in October was 11,929 representing about 75% of the school population. Every school receives either pasteurised tuberculin tested, pasteurised or tuberculin tested milk.

Under the direction of the County Medical Officer the Chief Sampling Officer and Inspector of Weights and Measures continues to supervise the supply of milk to schools. The whole scheme has worked smoothly and well and this is undoubtedly due to the co-operaton of milk retailers and the Chief Sampling Officer and his Staff. Some 127 samples were taken throughout the year. Failures were immediately investigated.

The following samples were taken :—

	Passed	*Failed*	*Invalid or Not Tested*	*Total*
Pasteurised Milk :				
Phosphatase Test	107	12	—	119
Methylene Blue Test	96	5	18	119
Tuberculin Tested Milk :				
Methylene Blue Test	7	3	11	21
Biological Examination.....	18	2	-	21

PHYSICAL EDUCATION.

The following report has also been supplied by the Chief Education Officer :

"The second part of the new Syllabus for Physical Education has recently been published by the Ministry of Education and copies sent to all schools.

A series of courses for Primary school teachers is to be held in the county, the first of which for Bury St. Edmunds took place on 13th June and was attended by 51 teachers. The second, for Newmarket and district, took place on December 8th and was attended by 44 teachers. A demonstration for parents has also been held.

The provision of agility apparatus in the Primary schools is continuing and a further 18 schools have received units during the year, making a total of 39 schools now fully or partially equipped.

Athletics.

The County was represented by a team of 15 at the National Athletics meeting held at Uxbridge on July 17th and 18th. West Suffolk gained 2nd place in the Minor Counties groups with 53 points.

Swimming.

In the 14 schools where swimming is possible in the Summer Term a total of 646 Certificates for swimming and life-saving have been awarded.

Games—Girls.

The Annual Schools Netball Rally was held at the Silver Jubilee Girls' School on Saturday, 25th April, when 27 schools entered 54 teams. Thanks are due to Miss Denne and her staff who give invaluable help on this occasion each year, and without whose ready co-operation the rally would not run so smoothly.

Lavenham, Cockfield, Glemsford, Rougham, Tollgate, Honington, Haverhill, and the Silver Jubilee Schools are to be congratulated as winners of their sections.

A Netball League was started in September and, in spite of the difficulties of transport, is continuing to provide an incentive and interest, particularly to the smaller schools.

Several of the Secondary Schools entered teams in the County Hockey Tournament at Ipswich.

Games—Boys.

The yearly schools football competitions are being held both for the County Primary and Secondary Modern Schools and have been well supported.

The addition of two new playing pitches at the Silver Jubilee School are very welcome and will be used from the beginning of the Summer Term 1954, when they will relieve the considerable pressure on the existing field. The co-operation between the County Grammar School and the Silver Jubilee School for Boys by which the Secondary Modern Boys have been using pitches at the County School playing field, is very gratifying.

In general the standard of games has been well maintained."

SCHOOL BUILDINGS.

For the following report I am indebted to the County Architect :—

"Part of the Modern Secondary School at Beyton was opened in September, 1953, and as other parts have been completed, they have been brought into use. The remainder of the building should be completed before the commencement of the Summer Term, 1954. The Modern Secondary School at Clare, the building of which has continued, is not likely to be ready for use until later in the year.

The additional classroom required at Houldsworth Valley County Primary School, Newmarket, has been erected ; and the two additional classrooms, with cloakroom, at Tollgate County Primary School, Bury St. Edmunds, should be completed shortly.

The new Science Hut and other improvements at Newmarket Grammar School should also be completed shortly.

The new teaching block at the King Edward VI Grammar School, Bury St. Edmunds, will be commenced in February, 1954.

Extra accommodation is urgently required at certain Secondary Schools. A hutted classroom is being added to Hadleigh Modern Secondary School, and the programme for next year includes a hut at the County Grammar School, Bury St. Edmunds, and extensions to the High School for Girls, Sudbury.

With regard to minor improvements, the Committee's programme has included the provision of new sanitary offices at Bildeston County Primary School, also a staff room at Bures Controlled V.P. School, in addition to forming paved areas at a further eighteen Primary Schools and laying on piped water to another twelve Primary Schools. It has also been possible to install electricity in nineteen Primary Schools and provide facilities for providing hot water in eight others. A new scullery, cloaks and staff cloaks will shortly be added to Great Cornard County Primary School.

The Committee's policy of undertaking other desirable minor improvements has continued whenever possible at those schools where painting and repairs have been carried out."

Sanitary Conditions.

When visiting the schools for medical inspections, or at other times, the school medical officers reported upon the sanitary conditions found, and the school nurses drew attention to any unsatisfactory conditions found by them.

STATISTICS.

Table 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—Periodic Medical Inspections.

Number of Inspections in the prescribed Groups.

Entrants	2,109
Second Age Group	1,340
Third Age Group	1,207
Total	4,656
Number of other Periodic Inspections	—
Grand Total	4,656

B.—Other Inspections.

Number of Special Inspections	287
Number of Re-Inspections	3,916
Total	4,203

C.—Pupils found to require Treatment.

Group.	*For defective vision (excluding squint).*	*For any of the other conditions recorded in Table II.*	*Total individual pupils.*
Entrants	51	191	226
Second Age Group	108	121	222
Third Age Group	122	40	159
Total (prescribed groups)	281	352	607
Other Periodic Inspections	—	—	—
Grand Total	281	352	607

D.—Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups.	*Number of Pupils Inspected.*	A. (*Good*)		B. (*Fair*)		C. (*Poor*)	
		No.	% *of col. 2*	*No.*	% *of Col. 2*	*No.*	% *of col. 2*
Entrants	2,109	422	20.01	1,509	71.55	178	8.44
Second Age Group	1,340	383	28.58	923	68.88	34	2.54
Third Age Group	1,207	266	22.04	906	75.06	35	2.90
Other Periodic Inspections	—	—	—	—	—	—	—
Total	4,656	1,071	23.00	3,338	71.69	247	5.31

TABLE II.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect or Disease.	*Periodic Inspections.*		*Special Inspections.*	
	No. of defects.		*No. of defects.*	
	Requiring treatment.	*Requiring observation only.*	*Requiring treatment.*	*Requiring observation only.*
Skin	30	39	1	1
Eyes—(*a*) Vision	281	168	11	9
(*b*) Squint	59	14	4	—
(*c*) Other	4	37	1	1
Ears—(*a*) Hearing	3	11	2	1
(*b*) Otitis Media	4	32	1	—
(*c*) Other	1	3	—	—
Nose or Throat	63	333	4	13
Speech	9	30	17	4
Cervical Glands	8	65	—	1
Heart and Circulation	4	29	1	2
Lungs	29	123	4	4
Developmental—				
(*a*) Hernia	4	15	—	1
(*b*) Other	63	76	2	—
Orthopaedic—				
(*a*) Posture	6	15	2	3
(*b*) Flatfoot	4	43	—	1
(*c*) Other	43	133	3	2
Nervous system—				
(*a*) Epilepsy	5	6	—	—
(*b*) Other	—	21	1	1
Psychological—				
(*a*) Development	—	81	5	10
(*b*) Stability	—	38	1	3
Other	11	38	4	3

TABLE III.

HANDICAPPED PUPILS RECEIVING OR AWAITING SPECIAL EDUCATION AT THE END OF 1953 (EXCLUDING HOSPITAL SCHOOLS).

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Maladjusted	Epileptic	TOTAL
Attending Special Schools (all residential)	—	—	7	2	1	1	17	1	—	29
Receiving Education from Peripatetic Teachers :										
(*a*) in hospital	—	—	—	—	—	1	—	—	—	1
(*b*) elsewhere	—	—	—	—	1	—	—	—	—	1
Awaiting places at Special Schools	—	1	1	—	—	—	3	1	1	7

Table IV.

DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers—		
	(*a*) Periodic		3,251
	(*b*) Specials		216
		Total	3,467
(2)	Number found to require treatment		2,361
(3)	Number referred for treatment		2,326
(4)	Number actually treated		1,545
(5)	Attendances made by pupils for treatment		3,775
(6)	Half-days devoted to : Inspection		37
	Treatment		568
		Total	605
(7)	Fillings—Permanent Teeth		2,326
	Temporary Teeth		139
		Total	2,465
(8)	Number of Teeth filled— Permanent Teeth		1,931
	Temporary Teeth		127
		Total	2,058
(9)	Extractions—Permanent Teeth		356
	Temporary Teeth		1,356
		Total	1,712
(10)	Administration of general anaesthetics for extraction		353
(11)	Other Operations—Permanent Teeth		790
	Temporary Teeth		310
		Total	1,100

Table V.

AVERAGE HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN.

Children Measured and Weighed.	*Year of Birth.*	*Average Height* Ft.	Ins.	*Average Weight* Sts.	lb.
32 boys	1948	3	4	3	1½
102 ,,	1947	3	11½	3	10
96 ,,	1946	4	0½	3	12½
44 ,,	1945	4	3	4	4
71 ,,	1944	4	5½	4	11½
52 ,,	1943	4	7¾	5	5½
39 ,,	1942	4	7¾	5	7
31 ,,	1941	4	9	6	6
35 ,,	1940	4	11½	6	9
43 ,,	1939	5	3½	7	6¾
12 ,,	1938	5	4½	8	2½
31 girls	1948	3	6½	3	1
88 ,,	1947	3	11¼	3	8
67 ,,	1946	4	0	3	11½
43 ,,	1945	4	2½	4	3½
68 ,,	1944	4	4½	4	9½
55 ,,	1943	4	7¼	5	5½
39 ,,	1942	4	7¾	5	9¼
35 ,,	1941	4	10¼	6	10½
37 ,,	1940	5	0	7	1
37 ,,	1939	5	1¼	7	11½
8 ,,	1938	5	2½	8	1¼

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